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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RICHARDS & PARTNERS, P.A.

Account Number : I20110000091

Phone : (305)858-9900 Fax Number : (305)285-0015

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CALAYA INVESTMENTS INC.

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|--|--|--------------------------------------|--|--|
| Articles of Ameto | endment : | ı | | |
| Articles of Incor | rporation |) ; | | |
| of | | , | | |
| CALAYA INVESTMENT INC | | | | |
| (Name of Corporation as currently | filed with the Florida I | Dept. of State |) | |
| P20000053598 | | | | |
| (Document Number of C | Corporation (if known) | 1 | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this FI its Articles of Incorporation: | orida Profit Corporatio | on adopts the f | ollowing amenda | ment(s) to |
| A. If amending name, enter the new name of the corporation: | | ٠ | | |
| | | | The n | ew |
| name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A." | mpany," or "incorporat mofessional corporatio | ted" or the abl on name must ! | oreviation "Corp. Econtain the wo | " Irđ |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | · | | - |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | | - |
| | | | | - - |
| D. If amending the registered agent and/or registered office address: | ss in Florida, enter the | name of the | 2021 SEC T | |
| Name of New Registered Agent | | | FEB - | 77 |
| (Fiorida stree | t address) | | जुन्ह ज | - |
| New Registered Office Address. (C | Tity) | Florida_ | OF AH OF CORRECTION OF THE PROPERTY OF THE PRO | - <u> </u> |
| New Registered Agent's Signature, if changing Registered Agent: | | | rri — | |
| I hereby accept the appointment as registered agent. I am familiar with | th and accept the obliga | itions of the po | osition. | |
| | | : | | |

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

6) ____ Change

____ Add

____ Remove

| address of each Office (Attach additional shee Please note the officer/, P = President, V = Vic. Executive Officer, CFC President, Treasurer, E. Changes should be note a change, Mike Jones V as Remo | r and/or L ts, if neces, director tit e Presiden) = Chief F director wa ed in the fa eaves the c | Director being added: sury) le by the first letter of the t; T= Treasurer; S= Sec inancial Officer. If an of ould be PTD offowing manner. Curre | tle and name of each officer/director being removed and title, name, and e office title: cretary: D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief flicer/director holds more than one title, list the first letter of each office held. intly John Doe is listed as the PST and Mike Jones is listed as the V. There is is named the V and S. These should be noted as John Doe, PT as a Change, |
|--|---|---|---|
| Example: X Change | <u>PT</u> | John Doe | : |
| X Remove | <u>V</u> | Mike Jones | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| I) X Change | DIR | INNA SHCH | IERBAN 2665 SOUTH BAYSHORE DR |
| Add | | | SUITE 703 MIAMI FL 33133 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | - |
| Add | | | , ! |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
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| 5)Change | | | <u> </u> |
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| Attach additional sheets, if necessary), (Be specific) | |
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| The date of each amendment(s) addate this document was signed. | option: | | , if other than th |
|---|--|---|--|
| Effective date if applicable: | | | • |
| | (no more than 90 days aj | her amendment file a | late) |
| Note: If the date inserted in this blooding of the Depth | ock does not meet the applicable stal partment of State's records. | utory filing requirer | ments, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | • |
| The amendment(s) was/were adopaction was not required. | pted by the incorporators, or board of | directors without sha | archolder action and shareholder |
| The amendment(s) was/were ado by the shareholders was/were sul | pied by the shareholders. The number Meient for approval. | of votes east for the | : umendment(s) |
| The amendment(s) was/were app must be separately provided for | raved by the shareholders through vot each voting group entitled to vote sepa | ing groups. The followrately on the amend | owing statement lmen((s); |
| "The number of votes east i | for the amendment(s) was/were suffici | ent for approval | |
| by | (voting group) | | |
| 2/1/2024 Dated | | | |
| Signature | my | | ! |
| selected | rector, president or other officer – if d , by an incorporator – if in the hands (ed fiduciary by that fiduciary) | irectors or officers had a receiver, trustee, | ave not been or other court |
| | INNA SHCHERBAN | | |
| - | (T) pad or printed name of | person signing) | ======================================= |
| 1 | DIRECTOR | | • |
| - | (Title of person signing) | | |